

Linda McCulloch, Superintendent
Office of Public Instruction
Division of Special Education
PO Box 202501
Helena, Montana 59620-2501



Discretionary Grant Application Form
Federal Funds Under the
Individuals with Disabilities Education Act
(IDEA)

Funding Authority - IDEA
CFDA # _____

PART I. PROJECT APPROVAL STATISTICAL DATA AND ABSTRACT

1. Prime Applicant District/Cooperative/Organization

☐ Elem. _____
Or _____ Legal Entity

☐ H.S. _____
District Name District No. County

☐ If a cooperative/organization: _____
Cooperative Name

Project Director _____
Name Address Position Telephone

Board of Trustees has designated the following person responsible for keeping the financial records for this project.

Name Position Address ZIP Code Telephone

2. STATE EDUCATION AGENCY ACTION (To be completed by OPI)

Project Number _____ Approved Amount
\$ _____

3. PROJECT DURATION from (a) Month Day Year to (b) Month Day Year
_____/_____/_____ _____/_____/_____

4. Funding Authority: (check one)

☐ Preschool _____
☐ Part B _____
☐ Other _____

Signature, OPI Approval

Date of Approval

5. TITLE OF PROJECT: _____

PART II. STATEMENT OF ASSURANCES

The Board of Trustees of the Prime Applicant in a meeting held on _____ authorized _____ to file this application for the district /cooperative/organization to make representations and to make commitments on behalf of the district /cooperative/organization under the provisions of the Individuals with Disabilities Education Act as amended by 101-476.

Signature—Authorized Representative _____ Date _____

Print or Type Name of the Authorized Representative _____

GENERAL INSTRUCTIONS FOR PROVISIONS AND ASSURANCES

DEBARMENT AND SUSPENSION CERTIFICATION

DEFINITIONS

Lower Tier Participant – Any organization (such as a school district or university) or person receiving a grant or contract under this “Application.” This also includes subsequent subgrants or subcontracts.

Covered Transaction – The act of applying for federal funds or submitting a proposal for federal funds.

Lower Tier Transaction – The making of a (1) subgrant to another entity or person or (2) procurement contracted by a Lower Tier Participant to some other entity or person for goods or services, regardless of type, expected to equal or exceed a cumulative value of \$25,000.

Principals – An administration head, key project/grant management person, officer, director, within the Lower Tier Participant’s organization or a suborganization contracted with (i.e., superintendents and the key person in the school district who will exert control or management influence over this project; at a university, it would be the president and principal investigator).

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is stating that it is neither debarred nor suspended.
2. This certification is a material representation of fact upon which reliance was placed when this certification was signed. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment from federal fund participation.
3. The prospective lower tier participant shall provide written notice to the organization to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the organization to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include the two-paragraph “Certifying Statement,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required. The knowledge of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly entered into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies including suspension and/or debarment.

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SCHOOL YEAR 20____
PROVISIONS AND ASSURANCES
DEBARMENT AND SUSPENSION CERTIFICATION

School District Name	Elem. Legal Entity No.
County Name	H.S. Legal Entity No.

This certification covers all federal programs in this application and is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' Responsibilities. The regulations were published as Part VII of the May 25, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to whom this proposal is submitted.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE.)

CERTIFYING STATEMENT

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NOTE: This certification is required of the Prime Applicant District.

Organization Name	
Name and Title of Authorized Representative	
Signature of Authorized Representative	Date

PART III. PROJECT PARTICIPANTS

A. STUDENTS RECEIVING SERVICES						B. PERSONNEL PAID FROM PROJECT FUNDS			
DISABILITY CATEGORY	NUMBER OF STUDENTS SERVED					NUMBER OF PERSONNEL PAID			
	3-5 YEARS (a)	6-17 YEARS (b)	18-21 YEARS (c)	22-25 YEARS (d)	TOTAL (e)	TEACHERS (f)	TEACHER AIDES (g)	OTHER PERSONS (h)	TOTAL PERSONS (i)
(1) Cognitive Delay									
(2) Specific Learning Disability									
(3) Emotional Disturbance									
(4) Other Health Impairments									
(5) Orthopedic Impairment									
(6) Visual Impairment									
(7) Deaf-Blind									
(8) Deafness									
(9) Hearing Impairment									
(10) Speech-Language Impairment									
(11) Autism									
(12) Child with Disabilities									
(13) Traumatic Brain Injury									
(14) TOTAL									
*The disability categories reflect changes in definitions made by the 1991 Legislature. This change became effective July 1, 1991, and is contained in 20-7-401 (MCA).						Project Administration			
						(j) Number of Program Administrative Staff (supervisors, directors, etc.) employed with project funds.			
						(k) Number of Other Staff (secretarial, fiscal, legal, etc.) employed with project funds.			

PART IV. PROJECT INFORMATION

Complete the following, and for each project activity, identify the amount of project funds to be used to support the activity.

Identified Need (s): (Describe why this project is needed to achieve improved outcomes for students with disabilities.)			
Project Goal(s) Statement: (What is the goal(s) to be accomplished by this project?)			
Project Activity(s): (Provide a description of each of the activities to be conducted as part of this project.)	Desired Outcome(s) (What is the desired outcome of the activity?)	Evidence of Change: (How will you determine if you have achieved the desired outcome – Examples: data reports, evaluations, surveys.)	Timelines (When the activity will be completed.)
\$ _____			
\$ _____			
\$ _____			
\$ _____			

Project Activity(s): (Provide a description of each of the activities to be conducted as part of this project.)	Desired Outcome(s) (indicators) (What is the desired outcome of the activity?)	Evidence of Change: (How will you determine if you have achieved the desired outcome – Examples: data reports, evaluations, surveys.)	Timelines (When the activity will be completed.)
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THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA) PART B – ANNUAL PROJECT BUDGET 2005-2006

CFDA #84.027A

CONTINGENT UPON AVAILABILITY OF FEDERAL FUNDS

The budget period is July 1 – June 30. Amendments to this budget may occur up to project close-out, but no later than June 30.

Discretionary grant funds may not be “carried-over” into the next state fiscal year.

Prime Applicant District: _____ Legal Entity: _____ Project Number: _____

Budget Items	Proposed Budget	Approved Budget 1	Approved Budget 2	Approved Budget 3
1. Salaries and Benefits Objects 1xx, 2xx				
2. Operating Expenses Objects 3xx, 4xx, 5xx, 6xx, 8xx				
3. Equipment (\$5,000 or more per unit) Attach Details and Justification Object 7xx				
4. Transfer to other districts 6200-930				
5. TOTAL BUDGET				

OPI USE ONLY: APPROVED BY / DATE

For assistance, contact the program specialist for the project at 444-5661 (refer to the Discretionary Grant Application Form (2) for the name of the specialist).